

Letter of Collaboration Request Form

The following information is needed to draft the Letter of Collaboration. If you have questions, please email [Debbie Parkins](mailto:Deborah.Parkins@oregonstate.edu) in International Affairs, or call (541) 737-1503.

**Please note: We use DocuSign for the agreement routing and signing process. Institutional email addresses must be used.**

# Purpose of Agreement

### List any anticipated areas of collaboration, activities, or research covered by this agreement

**Areas of Collaboration:** Click or tap here to enter text.

### Provide a brief description of any past collaborations, activities, or research between OSU and the proposed partner

**Past Collaborations:** Click or tap here to enter text.

# Partner Institution

## Institution Name and Address

**Institution Name:** Click or tap here to enter text.

**Institution Address:** Click or tap here to enter text.

## Partner Institution Primary Contact

### This is the person responsible for monitoring and maintaining the activities of this partnership

**Primary Contact Name:** Click or tap here to enter text.

**Salutation:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Position & Department:** Click or tap here to enter text.

## Partner Institution Signatories

### Signer 1

**Name:** Click or tap here to enter text.

**Salutation:** Click or tap here to enter text.

**Institutional Email:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**College or Department:** Click or tap here to enter text.

### Signer 2

**Name:** Click or tap here to enter text.

**Salutation:** Click or tap here to enter text.

**Institutional Email:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**College or Department** Click or tap here to enter text.

# Oregon State University

## OSU Primary Contact

### This is the OSU faculty or staff member initiating, monitoring, and maintaining the activities of this partnership.

**OSU Contact Name:** Click or tap here to enter text.

**Salutation:** Click or tap here to enter text.

**University Email:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**College or Department:** Click or tap here to enter text.

## OSU College or Departmental Signatory

### This is the Dean or other approver who will sign the Letter of Collaboration

**OSU Signatory Name:** Click or tap here to enter text.

**Salutation:** Click or tap here to enter text.

**University Email:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**College or Department:** Click or tap here to enter text.